



General Assembly

February Session, 2020

Raised Bill No. 5361

LCO No. 1946



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT LIMITING CHANGES TO PRESCRIPTION DRUG
FORMULARIES AND LISTS OF COVERED DRUGS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2021*) (a) For the purposes of this
2 section:

3 (1) "Affordable Care Act" has the same meaning as provided in
4 section 38a-1080 of the general statutes;

5 (2) "Health benefit plan" has the same meaning as provided in section
6 38a-1080 of the general statutes, except that such term shall not include
7 a grandfathered health plan as such term is used in the Affordable Care
8 Act; and

9 (3) "Health carrier" has the same meaning as provided in section 38a-
10 1080 of the general statutes.

11 (b) Notwithstanding any provision of the general statutes and except
12 as provided in subsection (c) of this section, no health carrier offering a
13 health benefit plan in this state on or after January 1, 2021, that includes

14 a pharmacy benefit and uses a drug formulary or list of covered drugs
15 may:

16 (1) Remove a prescription drug from the drug formulary or list of
17 covered drugs during a plan year; or

18 (2) Move a prescription drug from a cost-sharing tier that imposes a
19 lesser coinsurance, copayment or deductible for the prescription drug to
20 a cost-sharing tier that imposes a greater coinsurance, copayment or
21 deductible for the prescription drug during a plan year, unless the
22 prescription drug is subject to an in-network coinsurance, copayment or
23 deductible that is not greater than forty dollars per prescription per
24 month in any tier.

25 (c) A health carrier offering a health benefit plan in this state on or
26 after January 1, 2021, that includes a pharmacy benefit and uses a drug
27 formulary or list of covered drugs may:

28 (1) Remove a prescription drug from the drug formulary or list of
29 covered drugs, upon at least ninety days' advance notice to a covered
30 person and the covered person's treating physician, if:

31 (A) The federal Food and Drug Administration issues an
32 announcement, guidance, notice, warning or statement concerning the
33 prescription drug that calls into question the clinical safety of the
34 prescription drug, unless the covered person's treating physician states,
35 in writing, that the prescription drug remains medically necessary
36 despite such announcement, guidance, notice, warning or statement; or

37 (B) The prescription drug is approved by the federal Food and Drug
38 Administration for use without a prescription; and

39 (2) Move a brand name prescription drug from a cost-sharing tier that
40 imposes a lesser coinsurance, copayment or deductible for the brand
41 name prescription drug to a cost-sharing tier that imposes a greater
42 coinsurance, copayment or deductible for the brand name prescription
43 drug if the health carrier adds to the drug formulary or list of covered

44 drugs a generic prescription drug that is:

45 (A) Approved by the federal Food and Drug Administration for use
46 as an alternative to such brand name prescription drug; and

47 (B) In a cost-sharing tier that imposes a coinsurance, copayment or
48 deductible for the generic prescription drug that is lesser than the
49 coinsurance, copayment or deductible that is imposed for such brand
50 name prescription drug.

51 (d) Nothing in this section shall prevent or prohibit a health carrier
52 from adding a prescription drug to a formulary or list of covered drugs
53 at any time.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2021	New section

Statement of Purpose:

To limit the circumstances in which a health carrier may remove a prescription drug from a drug formulary or list of covered drugs, or move a prescription drug to a different cost-sharing tier, during a plan year.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]